

INSTRUCTIONS FOR COMPLETION OF THE:

VIRGINIA EMS CERTIFICATION APPLICATION
(Blue/Red Version - Revised 05/99)

Accurate information is required on this form to ensure proper recognition and scoring.

GENERAL INSTRUCTIONS: **USE ONLY A #2 PENCIL TO COMPLETE THIS FORM.**
DO NOT MAKE ANY STRAY MARKS, BEND OR STAPLE THE FORM.

PRINT THE REQUESTED INFORMATION AND DARKEN THE CORRESPONDING OVAL FOR THAT LETTER OR NUMBER. START WITH THE FIRST BLOCK TO THE LEFT OF EACH SECTION.

When you skip spaces between items, darken the BLANK oval at the top of the skipped column.
You DO NOT need to darken the BLANK ovals to the right of information within a section.
If your name, address or other information is too long to fit within any section, drop the vowels (a,e,i,o,u,) until it will fit. **(ERASE CAREFULLY AND COMPLETELY IF YOU MAKE AN ERROR)**

SIDE 1 - VIRGINIA EMS CERTIFICATION APPLICATION (printed at top)

EVERYONE using this form must complete ALL ITEMS on SIDE 1 of the form as follows:

NAME : LAST - Required

PRINT each letter of your LAST name in a separate block.

FIRST - Required

PRINT each letter of your FIRST name in a separate block.

M - (Your middle initial) - Required, if you have a middle name.

PRINT the first letter of your MIDDLE name in the one block provided.

SUFFIX - Optional

Darken in ONLY ONE oval to indicate Jr., Sr., II, III, IV, if applicable.

ADDRESS - Required

PRINT the House number, Street name, PO Box number, Rural Route number, etc. where you wish to receive your certification and other reports mailed by the Office of EMS. (Home address recommended.)

CITY - Required

PRINT the name of the city, town or post office where you receive mail .

ST: State - Required

PRINT the standard 2-letter abbreviation for the state of your mailing address. If you do not have an address in the United States, darken the BLANK ovals at the top of these two columns.

ZIP: Zip Code Number - Required

PRINT the postal service Zip Code for the address listed above.

F.I.P.S. - Required

PRINT the three number code which identifies your city or county of residence IN VIRGINIA.
(This code number is available from your course coordinator or state testing representative.)
If you do not reside in Virginia this code will always be A124".

SEX - Required

Darken the oval that applies: M = Male, or F = Female.

HOME PHONE #: Home Telephone Number - Required

PRINT your area code and home telephone number. If you do not have a home telephone, enter your work number or the number of a relative or friend who can take messages during weekday business hours.

WORK PHONE #: Work Telephone Number - Optional

PRINT the area code and telephone number of your place of employment.

CERTIFICATION # - Required *(Please skip the first space which indicates a LETTER prefix.)*

PRINT your Social Security number or **Virginia Office of EMS** issued certification number, if applicable.

DATE OF BIRTH - Required *(NOTE: Space now requires entry of a 4-Digit Year)*

PRINT the Month/Day/Year of your birth.

FOR ALL INDIVIDUALS TAKING A STATE WRITTEN AND/OR PRACTICAL EXAMINATION

The following sections of **SIDE 2** must be completed when using this form to take a certification written or practical examination.

GENERAL INSTRUCTIONS: All users of this form must read, sign and date the section entitled **FELONY STATEMENT**. If you cannot sign this statement in a truthful manner, you are not eligible for state EMS certification. Please contact your course coordinator or the Office of EMS with any questions you have regarding these regulations. Any fraudulent entry may be considered sufficient cause for rejection or subsequent revocation of certification.

The Course Coordinator (BLS courses= EMT-Instructor // ALS courses = Physician Course Medical Director) must sign the lower section in the TOP/CENTER of **SIDE 2** AND provide a Course Number to signify completion of the training program involved and eligibility for state testing. (Without this signature or other state documentation of test eligibility, testing will not be allowed.)

INSTRUCTOR / COURSE OMD # - Required

The Course Coordinator must enter the number assigned to identify them as an EMT-Instructor or OMD by the Office of EMS. THIS NUMBER MUST IDENTIFY THE INSTRUCTOR/COORDINATOR LISTED ON THE VIRGINIA OFFICE OF EMS COURSE APPROVAL RECORDS AS RESPONSIBLE FOR THE TRAINING COURSE COMPLETED. (This section must be completed by the EMT-Instructor or OMD who submitted and received approval to coordinate this training course.)

AGENCY # - Required

You must complete the AAGENCY #@ field, if you have already joined a Virginia EMS agency list that agency=s #. If not affiliated place 00000 in the AAGENCY #@ field.

DO NOT DARKEN ANY OVALS FOR THESE ITEMS UNTIL INSTRUCTED TO DO SO AT A STATE TEST SITE. This information will be provided by the state Office of EMS representative administering the exam.

TEST DATE - Required (NOTE: Space now requires entry of a 4-Digit Year)

PRINT the date on which you take your state certification exam.

TEST SITE - Required

PRINT the Test Site location number provided by the state representative.

COURSE # - Required (for initial or refresher course testing if CE not used.)

PRINT the course number given to you by YOUR course coordinator. THIS NUMBER MUST BE SUPPLIED PRIOR TO TESTING BY YOUR COURSE COORDINATOR. Be sure the number given is for YOUR COURSE. (NOTE: Several courses may have students testing at the same site. All courses have different course numbers.)

TEST ID # - Required

PRINT and darken the ovals for the unique Test Identification Number found on the front of **YOUR** written exam booklet. This number identifies the grading key used to score the exam. (Please notify the state representative, if you are only taking a practical exam at this site.)

PRACTICAL RESULTS * STOP DO NOT ENTER ANY INFORMATION HERE**

This section may be completed ONLY by the state representative administering this exam.

YOUR FORM WILL BE COLLECTED AT THE COMPLETION OF THE EXAM

**ON SIDE 2 COMPLETE ONLY THE SECTION PRINTED IN RED@ MARKED AAGENCY#@
DO NOT COMPLETE ANY OTHERS OF THESE SECTIONS WHEN TESTING AT ANY LEVEL!**

**PLEASE RE-CHECK ALL INFORMATION FOR ACCURACY TO AVOID DELAYS IN PROCESSING
BE SURE YOU HAVE DARKENED THE OVALS BELOW THE INFORMATION WRITTEN IN EACH
COLUMN FOR THE CORRESPONDING LETTER OR NUMBER**

SIDE 2 -- Use 2 -- TEST WAIVER

FOR INDIVIDUALS GRANTED A WAIVER FROM THE STATE RECERTIFICATION WRITTEN EXAM BY THEIR AGENCY'S OPERATIONAL MEDICAL DIRECTOR.

GENERAL INSTRUCTIONS: All users of this form must read, sign and date the section entitled **FELONY STATEMENT**. If you cannot sign this statement in a truthful manner, you are not eligible for state EMS certification. Please contact your course coordinator or the Office of EMS with any questions you have regarding these regulations. Any fraudulent entry may be considered sufficient cause for rejection or subsequent revocation of certification.

Only the sections highlighted in RED on **SIDE 2** should be completed by the Operational Medical Director(OMD) after you have signed and dated the FELONY STATEMENT.

The agency OMD must complete the following sections as follows:

***THESE SECTIONS ARE ALL HIGHLIGHTED IN RED@**

(Must be completed by the OMD listed in Office of EMS records for your licensed EMS agency.)

AGENCY OMD# IF TEST WAIVED - Required

Enter the number assigned by the Office of EMS to identify the OMD.

THIS NUMBER MUST MATCH THE RECORDS OF THE VIRGINIA OFFICE OF EMS.

TEST LEVEL WAIVED - Required

Darken the oval corresponding to the training level to be recertified. If all CE completed has not been reported to the Office of EMS, DO NOT submit this form until required CE scan cards have been submitted and CE credit has been awarded.

Levels: A = First Responder, B = EMT-Basic, C = Shock Trauma, D = Cardiac, E = Paramedic, F = EMT-Instructor (Levels G,H,I,&J =Not used at this time.)

AGENCY #: EMS Agency Number - Required

Darken the ovals for the Virginia licensed EMS agency number assigned by the Office of EMS.

Add zeros (A0") to the LEFT of the agency number to fill all five spaces.

(Example: Agency 123, PRINT the numbers and darken ovals for 00123.)

{THIS # IS NOT THE SAME AS A FIRE DEPARTMENT FDID #}

THE OMD MUST SIGN, PRINT THEIR NAME AND DATE THE SECTION IN THE TOP/CENTER OF SIDE 2 TO GRANT AN WAIVER FROM THE STATE WRITTEN RECERTIFICATION EXAM.

Note: Certification will be issued with an expiration date corresponding to the month this form is received. Submission of this form prior to the month of expiration **WILL RESULT IN LOSS** of time remaining on the current certification at this level.

NOTICE: Recertification exam waivers are granted at the discretion of agency OMD=s on an individual EMS provider basis. The OMD may require completion of other written or skills testing, and/or fulfillment of other agency specific criteria prior to granting exam waivers.

If after contacting the OMD, an exam waiver is not granted, the EMS provider must take the state written recertification exam in order to renew their provider certification. Follow the instructions for **USE 1** to take the state written recertification exam.

**SEND THE FORM IN A LARGE 82@ BY 11" ENVELOPE
DO NOT STAPLE, FOLD, OR BEND THE FORM IN ANY MANNER.**

PLEASE RE-CHECK ALL INFORMATION FOR ACCURACY TO AVOID DELAYS IN PROCESSING

**BE SURE YOU HAVE DARKENED THE OVALS BELOW THE INFORMATION WRITTEN IN EACH COLUMN
FOR THE CORRESPONDING LETTER OR NUMBER**

IF THE FORM GETS DAMAGED - COMPLETE ANOTHER FORM IN THE SAME MANNER.

**INCOMPLETE OR DAMAGED FORMS RECEIVED BY THE OFFICE OF EMS WILL BE RETURNED BY
MAIL FOR RESUBMISSION. THIS WILL DELAY PROCESSING OF YOUR CERTIFICATION REQUEST.**

(over)

Send the completed and signed form directly to the Virginia Office of EMS at the address below:

**Virginia Department of Health
Office of Emergency Medical Services
109 Governor Street, Suite UB-55
Richmond, Virginia 23219**

Phone: (804) 864-7600 or (800)523-6019 (Va only)

FOR INDIVIDUALS REQUESTING VIRGINIA CERTIFICATION BASED UPON OUT-OF-STATE OR NATIONAL REGISTRY OF EMTs CREDENTIALS.

GENERAL INSTRUCTIONS: All users of this form must read, sign and date the section entitled **FELONY STATEMENT**. If you cannot sign this statement in a truthful manner, you are not eligible for state EMS certification. Please contact your course coordinator or the Office of EMS with any questions you have regarding these regulations. Any fraudulent entry may be considered sufficient cause for rejection or subsequent revocation of certification.

NO additional sections of *SIDE 2* need to be completed after you have signed and dated the FELONY STATEMENT.

(You must complete the AGENCY #@ field, if you have already joined a Virginia EMS agency list that agency=s #. If not affiliated place 00000 in the AGENCY #@ field.)

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INCOMPLETE OR DAMAGED FORMS RECEIVED BY THE OFFICE OF EMS WILL BE RETURNED BY MAIL FOR RESUBMISSION. THIS WILL DELAY PROCESSING OF YOUR CERTIFICATION REQUEST.**

THE OFFICE OF EMS WILL NOT MAKE CORRECTIONS TO YOUR APPLICATION.

Send the completed and signed form with the other documentation requested directly to the Virginia Office of EMS at the address below:

**Virginia Department of Health
Office of Emergency Medical Services
1538 East Parham Road
Richmond, Virginia 23228**

Phone: (804) 371-3500 or (800)523-6019 (Va only)

If you have questions regarding the completion or submission of this form contact your course coordinator, EMS agency training staff or the Virginia Office of EMS.